

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CUSTOMER NO: 22927

Applicants: WALKER et al.
Application No.: 09/282,747
Filed: March 31, 1999
Title: METHOD AND APPARATUS FOR PROVIDING CROSS-BENEFITS
BASED ON A CUSTOMER ACTIVITY
Attorney Docket No. 99-007

Group Art Unit: 3622
Examiner: Tri V. Nguyen

Attention: Office of Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PEITION TO REVIVE APPLICATION FOR PATENT ABANDONED
UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Dear Sir:

Applicants electronically filed an Amendment and Response to the Non-Final Office Action with mailing date of March 21, 2006 late last night. Despite Applicants' efforts to timely file the response, the Electronic Acknowledgement Receipt recorded a filing date of September 22, 2006 and a Time Stamp of 00:00:33 (copy enclosed).

It was never Applicants' intention for this application to be abandoned. Accordingly, Applicants enclose for review and acceptance a copy of the aforementioned response and request that the response be accepted as timely filed. If not accepted, then applicants respectfully request refund of fees paid for Petition and Extension of Time of \$1,020 which was successfully paid at time of filing.

The USPTO is hereby authorized to charge Applicants deposit account (50-0271) \$1,500 the fee for Petition to Revive the application.

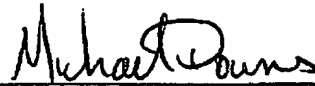
Adjustment date: 01/26/2007 CKHLOK
09/22/2006 INTEFSW 00000710 500271 09282747
FC:1253 1020.00 CR

PATENT

Attorney Docket No.: 99-007

We kindly request that the USPTO review this Petition to Revive and if the USPTO agrees, then kindly refund said fee to our deposit account.

September 22, 2006



Michael D. Downs
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>~2/06</u>		2 Serial/Patent # <u>09/282747</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			9-2206 \$ 1020
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ 1020	
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:	
10 REASON:		9	
Overpayment		58--0271	
Duplicate Payment			
No Fee Due (Explanation):			
<i>Fee not necessary.</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>	
SIGNATURE: _____		PHONE: <u>2-3208</u>	
OFFICE: <u>Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u><i>CKH</i></u>		DATE: <u>1/26/07</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: